

# GEORGIA DEPARTMENT OF DRIVER SERVICES

## COMMERCIAL DRIVER'S LICENSE APPLICATION

**AVOID UNNECESSARY DELAYS:** Type or print clearly in black or blue ink only. Provide all of the requested information that applies to you. When presenting the completed application be sure to include cash, a certified check, a cashier's check, or a money order payable to THE DEPARTMENT OF DRIVER SERVICES in the amount of \$35.00. Selected Customer Service Centers now accept checks and credit and debit cards. Your application will not be processed if you fail to provide the required fee in the manner prescribed here.

**ARE YOU EXEMPT FROM THE FEE REQUIREMENTS?** Applicants whose current Georgia driver's license is a complimentary or free Veteran's license are exempt from the fee provisions of this application. Likewise, applicants who are applying for a commercial driver's license to drive public school system buses are exempt from the fee provisions of this application.

**WILL YOU HAVE TO TAKE A DRIVING TEST?** If a driving test is necessary, it must be conducted in the type vehicle you expect to operate. Driving tests are administered at specific locations by appointment only; call 678.413.8500 for information about those sites and schedules.

### PART 1 Applicant Data

Please indicate your answer to the following questions by placing a check mark in the appropriate box.

1. ☐ Yes ☐ No Are you a Georgia Resident? 'Resident' means a person who has a permanent place or abode in Georgia to which, whenever such person is absent, he or she has the intention of returning. O.C.G.A. §40-5-1(15).
2. ☐ Yes ☐ No Do you hold a Georgia driver's license?  
If yes, is your Georgia license a complimentary Veteran's license?  
If your response is "yes", you are exempt from the fee requirements of this application.
3. ☐ Yes ☐ No Do you hold a driver's license other than one issued by Georgia?  
If your response is "yes", please list here the name of the issuing state: \_\_\_\_\_
4. ☐ Yes ☐ No Are you applying for a Commercial Driver's License as a bus driver in a public school system? If your response is "yes", complete Part 4 for an exemption from the fee requirements of this application.
5. ☐ Yes ☐ No Is your privilege to drive currently suspended, revoked, cancelled or denied in this or any other state? If your response is "yes", please list here the name of the state(s): \_\_\_\_\_
6. ☐ Yes ☐ No Have you had any disqualifying offenses in the past two (2) years?
7. ☐ Yes ☐ No Have you had more than one serious traffic violations (in any vehicle) in the past two years? 'Serious traffic violations' include the following offenses: a) Speeding 15 or more miles per hour above the posted speed limit; b) reckless driving; c) following another vehicle too closely; d) improper or erratic lane change (excluding failure to signal a lane change); e) any moving violation that occurred in connection with a fatal crash; f) railroad grade crossing violation; g) driving a commercial vehicle without a CDL; h) driving a commercial vehicle without your CDL on your person; i) driving a commercial vehicle without a CDL of the proper class and/or endorsements.

Please provide the following information about yourself and, if issued, your current driver's license.

Full Name (Last, First, Middle)						Social Security Number		
Driver's License Number	Issue Date	Expiration Date	DOB	Height	Weight	Hair Color	Eye Color	Sex
Mailing Address			Apartment Number	City		State		Zip Code
Residence Address			Apartment Number	City		State		Zip Code

### PART 2 Medical Certification

**MEDICAL QUALIFICATIONS:** Unless specifically exempted, you must possess either a valid U.S. Department of Transportation medical card or a medical card issued by your employer. 49 CFR §391.43, *et seq.* Government employees (e.g. federal, state, county, or city employees) while operating government owned vehicles are exempt from this medical requirement. You must certify that you comply with this medical requirement. Please initial below the statement which defines your compliance with this requirement; you must satisfy one of these requirements. I certify that:

I satisfy the medical qualification requirement defined in 49 CFR §391.43, *et seq.* (initials) \_\_\_\_\_

I am exempt from the medical qualification requirement defined in 49 CFR §391.43, *et seq.* (initials) \_\_\_\_\_

**SPECIAL NOTICE:** At all times while operating a commercial motor vehicle, you must carry on your person proof of compliance with this requirement.

---

---

**PART 3 Application Data**

---

---

Please indicate the class (s) of commercial driver's license for which you are applying (check all that apply).

- ☐ **A** Combination vehicles weighing 26,001 pounds or more.  
☐ **B** Single vehicles weighing 26,001 pounds or more.  
☐ **C** Single vehicles weighing less than 26,001.  
☐ **M** Motorcycles  
☐ **P** An instruction permit.

If you intend to operate vehicles equipped with air brakes, you must qualify for an "air brakes" certification (check one).

☐ YES ☐ NO Do you intend to operate vehicles equipped with air brakes?

Please indicate by checkmark the endorsement for which you are applying.

- ☐ **H** Vehicles carrying hazardous materials (TSA Background check required as of January 31, 2005)  
☐ **N** Tank vehicles  
☐ **P** Passenger vehicles  
☐ **S** School Bus  
☐ **T** Double and triple trailer combinations  
☐ **X** Combination of N and H (TSA Background check required as of January 31, 2005)

---

---

**PART 4 School Bus Certification**

---

---

The applicant named herein is regularly employed by this public school system and as such is entitled to a NO FEE application.

Name of School System:	School System Mailing Address:
Typed/Printed Name of Person Authorized to Sign for School System	City, State, Zip Code:
Signature of Person Named Above Who is Authorized for School System.	Notary (Seal Required)

---

---

**PART 5 License History**

---

---

Name all states that you have been licensed to drive in during the previous ten (10) years.

--------------

---

---

**PART 6 Citizenship/Lawful Presence Data**

---

---

(If applying for H or X endorsement)

<b>U.S. Citizen</b>	<b>Lawful Permanent Resident Alien Registration Number:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Form I-551 <input type="checkbox"/> Temporary I-551 Stamp in foreign passport	<input type="checkbox"/> Temporary I-551 stamp on Form I-94 <input type="checkbox"/> Form I-327

I hold only one (1) valid driver's license. I certify that I am regularly employed in a job requiring the operation of a commercial motor vehicle or expect to operate a commercial motor vehicle. *If transferring from out of state, I certify that I passed the skills test in another state or that I have operated a commercial motor vehicle representative of the class I am applying for during the preceding two (2) years. I certify that I am a U.S. Citizen or a lawful permanent resident.* I certify the preceding statements and information contained in this application are true and correct. I authorize the Georgia Department of Driver Services to verify the accuracy of the information contained herein. I understand that it is a crime to fraudulently apply for a driver's license, and I may be criminally liable for false or misleading statements on this application.

Applicant's Signature		Notary (Seal Required)
Applicant's Telephone Number: ( ) -	Date:	Executed at:

**TAKE COMPLETED CDL APPLICATION, YOUR CURRENT DRIVER'S LICENSE, AND ORIGINAL SOCIAL SECURITY CARD TO YOUR NEAREST PERMANENT DRIVER'S LICENSE TESTING FACILITY.  
NEW GEORGIA DRIVERS WILL ALSO NEED A CERTIFIED COPY OF THEIR BIRTH CERTIFICATE**